

HBCC Provider's VISIT RECORD

Provider's name: _____ ELS's name: _____

Dates of visits: _____ Length of visits: _____

Other adults present, if any: _____

VISM used or focal activity implemented: _____

Number of children present: _____ Age range of children present: _____ to _____

Any identified needs requiring community resources:

Review:

Have there been any significant changes since your last visit?

In order, list the activities that took place during the site visits and briefly describe (e.g. welcome song, VISM introduction, movement activity):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Session notes:

Has the provider used the previous VISM since the last visit? Describe.

Describe the environment/atmosphere:

Briefly describe the provider reaction/participation/implementation:

What was the children's reaction/participation?

What were the challenges? (e.g. behavior management, interruptions, implementation issues, etc.)

How was the VISM/activity differentiated for multi-ages? (e.g. splitting age groups, modifications, etc.)

Rate the provider's level of verbal interaction with the children:

Check one: Inadequate Minimal Good Excellent

Rate the provider's level of encouragement/support of the children:

Check one: Inadequate Minimal Good Excellent

Identify two of the provider's strengths that you observed during this visit:

- 1.
- 2.

Identify two areas that you would like to focus on in future visits:

- 1.
- 2.

What kind of supports or advice do you need that could be addressed at the weekly staff meeting or with your coordinator?